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- "Where There's Smoke..."
- Lincoln On Alcoholism



THE ALCOHOLISM FOUNDATION OF ALBERTA

# The Alcoholism Foundation Of Alberta

Administrative Centre: 9929 - 103 Street, Edmonton

Telephone 424-1141

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## TREATMENT SERVICES

Treatment services are available to anyone desiring help with a drinking problem. The treatment program includes individual therapy, group therapy and medical treatment. A service fee of \$10.00 is charged to the patient. No patient is ever denied treatment due to inability to pay. There are no consulting fees.

Guidance and advisory services are also available to family, employer, friends and/or such professional contacts as are involved with the patient. All such contacts are encouraged to seek guidance in dealing with a problem-drinking situation. There are no fees for these services.

### **The Alcoholism Foundation of Alberta**

Edmonton Clinic  
9910 - 103 Street  
Telephone 424-1141

### **The Alcoholism Foundation of Alberta**

Calgary Clinic  
737 - 13 Avenue S.W.  
Telephone 269-6101

### **The Alcoholism Foundation of Alberta**

The Dr. Richard Parsons  
Auxiliary Hospital, Red Deer  
Telephone 347-3326, Local 28

In addition to their own full-scale clinical and other activities, the Edmonton and Calgary centres of The Alcoholism Foundation of Alberta offer a complete program of regional educational and referral services on a province-wide basis.

# PROGRESS

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J. GEORGE STRACHAN—Executive Director

Editor: J. MOTYL

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# "I DRINK!"

Author's Name Withheld

*In his own words, here is the personal history of a lonely, sensitive and intelligent man. Scarred by a painful childhood blighted by the emotional violence of a loveless home and the economic deprivations of the depression, this man clings to a friendless fringe of society, tortured by doubts and self-abasement. An honest and devout man, he has no faith in himself and little faith in others. He is worth helping; that is the prize. He seems so far out of reach; that is the problem. And he moves solitarily among us in the thousands; that is the gravity of society's involvement and responsibility.*

—Editor

**S**OME PEOPLE say liquor is a crutch. Maybe so, but it escapes me what kind of a crutch it can be. A crutch is something that is used to assist one in walking. It is an instrument used to help recovery. So how can liquor be a crutch? No, in my opinion, drink is used as an alibi.

I have more reason than anyone to hate liquor. My father was a drunkard from youth, as was his father before him and his brothers beside him. Father was a brute of a man and the strongest feeling I ever had for him, after the fear and hatred slightly diminished, was one of pity. From the time I can remember I was afraid of him. He spent hours telling us that we were a pack of brats with a slut for a mother, and that we spent our entire time plotting dreadful things to ruin him, or that we were eating him out of house and home. Eating was an overstatement. We lived on soup and hash in winter, and vegetables and eggs in summer. Father cared for no one but himself and as a result nobody cared about him.

He hated me more than the others. I was a frail boy, and his greatest delight was to rub it in that he was a big and husky man, and I was a skinny little weakling. He wouldn't let me play with boys. "You're too weak to play with those fine big boys," he purred. So I played with the girls. "Get the little

sissy a dress," he sneered, "he can't play with the boys. He's too weak." So I played with no one.

"He's a funny boy" he told neighbors, "he won't play with other kids at all. Always stays by himself." He wouldn't let me work. "Let someone who isn't so clumsy chop wood. You'll chop your leg off." If he saw me even watering a horse it was: "The horse will kill you. Let someone who isn't so stupid do that." He would follow this up with every gory account of children who had been killed by farm animals until I was terrified of the oldest nag on the farm. "He's scared of everything . . . even old horses," he said to sympathetic neighbors.

You would think that with this kind of home life I would have thrown myself into my school studies, but this was not the case. In my frustration, I drifted into a dream-world all my own, a world of imagination. Because of my reputation as a 'strange boy' and our desperate poverty, we were all the butt of every cruel joke and torment of the school children. Children can be so hard-hearted. None were more lonely than we.

When I passed my grade eight I quit school. I was free . . . or so I thought. Working for other people is no fun, I can tell you. I was frail and forgetful. My old habit of escaping into a dream-world increased. Soon my reputation spread and

fell as first disappointment and then success presented itself in turn.

I was very disappointed when I went out in the field and learned that the trade I had sweated blood for was little more than a laborer's job. I became very bitter and complaining. Besides, I just didn't belong. I just wasn't like any of the other men. I was ignorant and shy and foolish. No one took to me.

I had been in the Air Force six months when my mother died, cutting off my connection with home and family forever. I still went home for visits, but only out of duty to my brothers and sisters. Father, who was trying desperately to make up for what he'd done, was as nice as he could be, but he was too late. Nobody needed him. Nobody cared.

We had to write trade tests for our course. I found it impossible to digest the information. I loathed my trade and anything to do with it. Then I started to drink. I needed an alibi and drink was it.

I told myself that I could be a good airman . . . but I drink.

I convinced myself that I could be a good tradesman . . . but I drink.

I was sure I could be popular and have lots of friends . . . but I drink.

So, to some liquor is not a crutch but an alibi; an excuse for not facing our shortcomings. Any trouble we get into . . . anytime we make fools of ourselves . . . anytime we fail at something . . . 'but I drink' is our lament.

Finally I took a good look at myself and asked, "Now why don't people like me? Put yourself in others' places. Do **you** like you?"

I changed my whole personality then. I went to extremes the other way. From a depressive sad-sack I became an hilarious comic. I learned to ad lib with the best of them. I was better than most of them. And it went over great. People began to like me, to seek me out.



everyone in the community thought of me as an odd-ball.

In 1951, I escaped from the farm. I joined the RCAF. It was the best move I ever made. I shudder when I think how ignorant I was. I was bound to change my life, to become someone different from my old self. Although I was poor at figures, I chose a clerical trade. It would be sort of white collar trade. But, oh, how I suffered during our instructions. I could not digest all those form numbers and figures. It was only with the greatest effort, and with the help of the instructors, that I managed to get through the course with barely passing marks. My self-confidence, the self-confidence that father had robbed me of, rose and

At last I became . . . 'one of the boys'.

I still drank. Now with my friends. We drank together. I heavier than the others. Why? I think it was because, other than my comic entertainment, I was afraid I had nothing real to offer these friendships. I wanted to have something outstanding about me. The word 'alcoholic' is not a pleasant title but it was a title of a sort. Although I was not and do not believe that I am an alcoholic, I pretended I was and I let on that I drank much more than I did.

Later it became strictly a habit to go to the bar. There just didn't seem to be anything else to do. Night after night we gathered there.

Somehow, with the help of the officers and NCO's who had become very fond of me, I passed my trade tests. I still loathed the work but the money was good. I didn't have the courage to re-muster and study for another trade. Besides, I didn't have time . . . I drank.

One day they found my father dead outside his house. He had gotten drunk once too often and had frozen to death. I felt nothing one way or the other. You can't feel anything for something that doesn't exist, and, to me, a father never had existed.

Finally a dream came true and I went overseas. The gay life, the excitement, the friends! Oh, I was happy! Hard liquor was 25 cents a glass, beer 10 cents a bottle. There were so many places to go and so many things to do, so many countries to see. I was getting close to alcoholism then. I drank every night with the boys.

And here I met my Waterloo. None of the officers were impressed by me here. They stuck to bare facts. I was very poor at my trade and they saw it. My recommendation was not fit for a dog.

The beginning of the end was in

## THE LONER

*Hair-ragged as a dandelion  
in seed bloom and eyes  
that reserved no room  
for merriment, he perambulated  
around the edge of society,  
dipping in but mostly out.*

*"When I was a kid,  
I, uh, used to sit  
in a field and talk  
to, uh, a gopher because,  
well, no one at home  
would listen he said.  
When the gopher died,  
I, uh, talked to myself.  
And, you know, it's, uh, kinda  
a funny thing, but, uh,  
now that I think about it,  
I well, I, uh, never really learned  
to talk to people,  
really.  
Seems that everytime I, uh,  
say something,  
no one understands.  
And, and, you wanna know  
another funny thing?  
After awhile, 'gets so you  
uh, don't try no more.'*

—DAVID RENNIE

sight. Almost eight years of my life gone up the water-spout. I wouldn't, couldn't, face it . . . so I drank. The more I drank the easier it was to shift my poor ability as a tradesman, my incompetence, onto someone else. I could be a good tradesman . . . but I drink. Deep down, so deep down that I refused to believe it even existed, I knew I was a poor airman all the way around.

Finally I suffered a nervous collapse and was discharged. I was on my own again . . . and lonely again.

I got a job as hospital Orderly in Saskatoon, and I spent my evenings in the bar. I couldn't go back to my one room after being used to barrack life, the hustle and bustle, the noise. In the bar there were dozens

of people around me . . . so I drank. When I went to my home-town I literally lived in the bar because here I saw all my friends. Sooner or later they would wander in.

When this job petered out I came to Edmonton, and now I was really alone. Again I worked in a hospital. Lonesomeness drove me to the bar. I got acquainted with all the waiters and bartenders in several bars. Whenever I got lonesome I'd drop in to say 'hello' to Sam or Pete or Joe, and of course, I drank. Soon I didn't know anybody but fellow drinkers.

While working nights at the hospital I began to study the tracts and other literature on the Roman Catholic religion — just out of curiosity. I expressed my interest to another Orderly and he passed it on to the hospital Priest. Before I realized what was happening, I was caught up in instructions and urgings from every quarter. The news spread that one more convert was about to be baptised. And I? I dared not back down. I was afraid of losing the friendliness of people who were finally showing interest in me and were recognizing the mere fact of my existence among them.

But I didn't believe. I didn't believe. I felt contempt for this religion. It sounded like you could do whatever you wanted, and then just go to the Priest the next Sunday and whitewash your soul again. There seemed to be a little bit of black magic mixed in it too.

I could not feel close to it. But I had gone too far, I had let too many people believe that I believed. In my frustration, my feeling of having started something I didn't have the courage to turn away from, or the faith to pursue, I drank.

At the Priest's suggestion, I was baptised, and I made a half-hearted effort to do the Church's bidding. But I did so mechanically .

The first time I went to confession it all seemed so . . . matter of fact, of form, as though I were following a written script, something that was expected of me.

The second time that I went to confession was in the front seat of a car. I met the Priest on the street and I asked him where I could go to make my confession, and he said, "Well, my car is right across the street. If it's alright with you, we can go there".

He was about forty-five, gray of hair, and it seemed to me that he doubly deserved the title of 'Father'.

After my confession of weakness and lack of faith, he said, "Well, my son, (I felt a strange thrill at these words; no one had ever called me that before) in these days before Easter we must all struggle for more strength. The flesh is weak . . ."

There was much more. How kind he was! I don't know if he noticed that I was trembling from the night-before drinking session, or if he smelled the odor of stale beer on me, but if he did, he didn't mention it and he sent me away with a light heart and his blessings.

Today, I would not miss Mass for anything, nor would I miss the confessional. TODAY I BELIEVE.

When I am despondent or depressed, when the bitterness of my past rears before me, I have a friend to whom I can pour out my feelings. True he is a Priest in a confessional and we can't even see each other, but he seems to understand. I go to confession every Sunday and afterwards I feel much better. Here is someone to scold and advise me. Here is someone I believe cares about me, even though I know that he sees hundreds each day and that he can only care for the moment, and must forget me as soon as he turns to the next confessor.

That is the one thing I've accom-

plished in my life. I was forced into a Faith I didn't believe in by my own cowardice, and I have ended up loving it and finding great comfort in it.

On Sundays the Church is my comfort. The rest of the week when I feel discouraged or depressed I go to the bar and I drink.

Why do I drink? Because I'm afraid. I'm afraid if I drop my drinking friends I won't have any at all. I'll be alone again. I'm good at my work and I like it very much, but it is no great achievement. I haven't the courage to struggle for any achievement so I say: "I can't . . . I drink".

I'm afraid to get married. Maybe I wouldn't be a good husband . . . a good father. Maybe I'd turn out like my own father. Maybe I'd be a poor provider. I'm afraid of the responsibility of a wife and family. So I say to myself: "I'll never get married because I drink."

I drifted away from my family and now I'm alone in the world. I have a God-Father here, but other than He nobody cares about me. Nobody ever really did. They couldn't because no one really knew me. I was artificial: once a depressive case, next a comic camp clown, always different.



I have nobody and there's nobody to tell me not to drink, that I'm hurting others. I'm not. There's nobody to hurt. There's nobody to say 'stop'. Nobody cares. You may say that's my fault, but I say it isn't. You see, I have an alibi for not facing the world . . . I drink!

## RHYME ON RYE

*I trust no Wise Man will condemn  
A Cup of Genuine now and then;  
When you are faint your spirits low,  
Your string relaxed, t'will bend your bow,  
Brace your Drumhead and make you tight,  
Wind up your Watch and set you right;  
But then again, the too much use  
Of all strong liquors is the abuse,  
'Tis liquid makes the solid loose,  
The Texture and whole frame Destroys,  
But health lies in the Equipoise.*

—Early 19th Century Dorset Inn Sign (England)

# THE BRIGHT BOYS OF SKID ROW

by REVEREND W. LINDSAY-STEWART



Rev. Lindsay-Stewart, M.A., Glasgow University, a Minister of the Church of Scotland, also specializes in psychological medicine. Formerly a member of the British Psychological Society, he is an Associate of the Canadian Psychological Association. Prior to his return to Canada, Rev. Lindsay-Stewart's work as Clinical Director and Chaplain of the Men's Social Service Center of the Salvation Army in San Francisco, California, won both substantial economic support from the U.S. federal government and recognition in the psychotherapy and rehabilitation fields in North America. Founder and Executive Director of the nationally unique Edmonton Day Centre, an inter-faith, inter-community facility for the spiritual, mental and physical rehabilitation of homeless men, Rev. Lindsay-Stewart's relatively new undertaking has already merited wide attention in Canada.

THE EDMONTON DAY Centre is not concerned with the alcoholic as such, but two-thirds of the homeless, unemployed men it seeks to serve do have a drinking problem, and one aim of the Centre is to treat those personality disorders of which compulsive drinking is a symptom.

On 2nd January, 1963, the Edmonton Day Centre first opened its doors. It is used primarily by men

who live in the Provincial Hostel, where they have a bed and two meals per day, but where they are not allowed to remain during the day-time hours. The extent of this ever-growing problem of homelessness and unemployment is evidenced by the fact that the facilities of the Centre are used on average of 1,400 times each week during the winter months, and 800 times each week during the summer months.

### Who Is The Homeless, Unemployed Man?

It is notoriously difficult to obtain accurate sociological or psychological data on a Skid Row population, but largely because of the confidence with which these men regard us and in part too, because the director is a minister, almost always addressed as 'the Padre', we have no difficulty in persuading the men in our rehabilitation program to complete questionnaires, to undergo medical examinations and answer batteries of psychological tests.

Last year, Mrs. Barbara Runquist, M.S., one of our volunteer rehabilitation counsellors, completed a statistical study of 60 men involved in the rehabilitation program. This study indicates that the homeless, unemployed man is around 34.85 years of age and has had 8.68 years of education. Of 20 men presently actively involved in the program, the mean I.Q. is 105.8, or almost six points above the average of the general population. He is likely to have a skilled or semi-skilled trade. He is almost certainly Canadian-born (for only five in this sample were foreign-born) and has not married successfully. Thirty-eight were single, 16 separated or divorced, and the others didn't give an answer.

As regards religion, he is likely to claim some religious affiliation though this is probably remote. Only seven said they had no religion; 25 claimed to be Catholic and 28 Protestant; 34 claimed some participation in religious activities during the past year, and 46 claimed to have a set of religious feelings or beliefs regardless of church attendance.

Two-thirds admitted to having been in an institution (jail or mental hospital) at least once, and a similar proportion admitted to having a drinking problem, to having been drinking for 16.59 years, and



REV. W. LINDSAY-STEWART

to being a problem drinker for 7.36 years. Twenty-six admitted to occasional drinking and 31 to having had from one to 26 binges in the past year.

Turning to employment, he has probably held one to 91 jobs in the past year, and the sort of problems he faced employment-wise were drinking, seasonal work only, inadequate pay, monotonous and uninteresting jobs, illness and too much pressure, in that order.

His national origin is likely to be French, Scottish or Irish, and he probably has 4.97 siblings. He is unlikely to admit to having any dependents, but we do not consider this information reliable. Thirty-three were military service veterans and a similar number said they'd had unemployment insurance in the past five years.

Only seven of the sample had previously had psychotherapy (either individual or group) or vocational counselling, but 41 wished to have psychotherapy at the Centre and 42 wished vocational counselling.

No research has yet been done on the personality patterns indicated by our psychological tests, but a composite M.M.P.I. of 29 men indicates a preponderance of three main types: borderline psychotic or psychotic in remission, psychopath, or psycho-neurotics, in that order.

### The Program Of The Centre

The Centre is inter-community and inter-faith, and aims for the rehabilitation of the whole man, physical, mental and spiritual. From the start, it has sought to implement the three R's: Recreation, Rehabilitation, and Research, all within a broad religious philosophy of life. Despite its very limited budget and tiny staff consisting of Director, Vocational Counsellor, part-time Classification Assistant, Recreational Floor Supervisor, and Janitor, with the help of some 50 volunteers, many of them professional, the Centre has been able to make progress in all three areas.

### Recreation

The recreational facilities of the Centre are open to all homeless, unemployed men, without filling in any forms or completing any questionnaires. An attendance register is kept in order that we may know how many men use the Centre, how frequently and over what periods.

Each week all new men who have been admitted to the Centre are invited upstairs for coffee with the Director and the staff, so that some personal relationship may be established and the opportunity provided to inform them of the services which the Centre can provide.

One of the most significant parts of the Recreation Program is the Padre's Hour which is open to all whether or not they are in the Rehabilitation Program. This began with a lecture, or a subject was chosen by the men themselves, followed by discussions, but now no lecture is given, for conversation begins immediately, involving al-

most all who attend and it continues throughout the hour. Indeed, the Padre's Hour has become a sort of religiously-oriented group psychotherapy, and is undoubtedly our best recruiting force for the rehabilitation program.

An Advisory Committee, consisting of representatives of the men themselves, staff, and recreational specialist volunteers, has been active in making suggestions for the development of the Recreation Program, and has had the additional virtue of giving the men a feeling of responsibility for the Centre. This is evidenced by the very high standards of behavior and cleanliness which are maintained at all times. Only two bottles have been found in the Centre since it opened, and only one minor break of discipline has occurred which resulted in a man being suspended from the Centre for a period of one week.

The recreational activities are of two types: informal and structured. The former consists of TV, radio, records, table games of all kinds, table tennis, darts, billiards, etc., and the use of an ever-growing library. The latter consists of lectures by outside speakers on such subjects as "Unemployment Insurance", "How To Apply For A Job", etc.; a mixed educational and entertainment film night once per week; a concert and refreshments once per week (provided by church groups of different denominations); tournaments, etc.; talent-shows (written and produced by the men themselves); debates, painting and woodworking.

### Rehabilitation

The men who seek the long-term Rehabilitation Program come on their own, having heard about it in the Coffee Hour or from other men. During our first year of operation some 150 men were involved. They complete a lengthy application form and questionnaire which is carefully structured to

cover our main areas of interest, and contains some 109 questions. The individual is then given an intake and orientation interview. If it is felt that he is not really seeking rehabilitation, but help with some specific and immediate problem, this is dealt with or referral is made to the appropriate agency.

If he still wishes to participate in the Rehabilitation Program, and if the interviewer feels there is the least chance of success, he is admitted to the intake period, which may extend from one to four weeks, depending on the numbers seeking admission at any one time. During this period he has a social history interview, which itself is unstructured though the forms on which it is recorded are so structured as to give an easy means of checking data with that obtained on the Intake Questionnaire. He has a medical interview, and if the volunteer medical officer feels it necessary, a medical examination. At this stage, referral may be made for medical, surgical or psychiatric treatment.

He is administered a standard battery of psychological tests, either individually or in a group. Three group intelligence tests are used—the Wonderlic, the Army Beta, and the Army Entrance—as no one test seems ideally suited to the cultural background of our population. Two other tests are the Minnesota Multiphasic Personality Inventory and five Inter-Personal Check Lists, all of which are co-ordinated into Leary's Multi-Level Interpersonal Diagnostic Booklet, and a medical record is kept by means of the Cornell Medical Index.

These tests are used as a predictive and diagnostic instrument. The M.M.P.I. is fed into the Leary System, together with the other data, thus providing a three digit diagnostic code, each digit of which may be either adaptive or maladaptive, and thus we have 16,384 ver-

### SECOND-HAND WORMS

*"Mais moi, je suis un ver,  
et non un homme . . ."*

Psalm 22

"I am a worm  
and not a man,"  
and you have  
baited your hook  
with me;  
and some day  
Lord  
you will tell me  
what you are  
fishing for.

—Anonymous

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Reprinted with kind permission  
from Rev. W. Lindsay-Stewart.

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bal diagnostic formulas, available for summarizing human security operations. The first digit indicates the impact the client is likely to make on the counsellor and his future behavior in the counselling process; the second, his conscious self-concept; and the third, the underlying or pre-conscious personality pattern.

At the end of the Intake Period a Case Conference is held when all the mass of data is reviewed and decisions reached as to the best method of treatment in each individual case. The subject may be assigned to group or individual counselling, to spiritual counselling (group or individual), to vocational counselling and/or testing, to an educational program to bring up his school grades so he can take advantage of additional vocational training, referral for workshop experience, and the re-learning of good work habits—or any combination of these.

Our feeling is that the courses could last for at least six months, and thus far we have found that one man in three is still involved in the rehabilitation program three months later, an amazingly high figure considering the very mobile population with which we are dealing.

It is much too early to make any estimate of our success, for this would involve a thorough follow-up, extending for at least twelve months after treatment is complete. However, we do know that quite a few men have been regularly employed for several months, men whose former employment record

indicated only short two- or three-week periods at work.

We do not expect large numbers to be completely rehabilitated, in the sense that twelve months after treatment is completed they will still be holding down the same or better job, that if they are alcoholics they will still maintain their sobriety, and if re-united with their families, they will still be with them and continue to be integrated into the community. But it has been estimated that, if only ten men were rehabilitated each year, the financial saving to the community would more than pay for the entire cost of our operation.

## FOUNDATION LOSES FRIEND

DR. GORDON REID MacDONALD, 48, of 10938-85th Avenue, Edmonton, Medical Director and Director of the Department of Laboratory Medicine at the Misericordia Hospital, died of a heart attack, Tuesday, May 19th.

A graduate (1940) of the University of Alberta medical school, Dr. MacDonald was on active service with the Canadian Army for six years, until 1946. After entering general practice at Fairview, Alberta, he undertook specialized studies in Pathology at Edmonton and Toronto, followed by post-graduate work at the University Hospital and the Provincial Laboratory. In 1952 he became director of Laboratory Medicine at the Misericordia Hospital and continued as Pathologist until he was appointed Medical Director.

Dr. MacDonald is survived by his widow, Dorothy; one son, Gordon, and two daughters, Glanna and Daryl, all of Edmonton; four brothers, Mail, of Edmonton, Hugh, of Grande Prairie, Ian, and Dr. Kenneth MacDonald, both of Fairview; and his mother, Mrs. R. H. MacDonald, also of Fairview. A friend of The Foundation since its inception, and a staunch supporter of the early organizing committee, Dr. MacDonald served as Chairman of the Sub-Committee on Treatment of the Scientific Advisory Committee from February 1954 to June 1961. The Foundation has lost a friend; the community a dedicated and able medical scientist.

—Editor

# ALCOHOLISM SCHOOLS and SEMINARS

Summer and Fall, 1964

## June 29 to July 18

Rutgers Summer School on Alcohol Studies  
Rutgers University, New Brunswick, N.J.

## June 29 to July 11

The Physicians Institute  
College of Medicine, University of Virginia

## July 2 to 4

Alcoholics Anonymous International Convention  
Toronto, Canada

## August 9 to 14

Southeastern School of Alcohol Studies  
University of Georgia, Athens, Georgia

## August 10 to 14

10th European Institute on Alcoholism  
London, England

## August 16 to 22

Western Canada School of Alcohol and Narcotic Education  
University of Saskatchewan, Saskatoon, Saskatchewan

## August 17 to 21

Pacific Northwest Regional Institute (Family Service Association)  
Lake Wilderness Lodge, Maple Valley, Wash.

## August 22 to 27

School of Alcohol Studies  
McMaster University, Hamilton, Ontario

## Sept. 6 to 12

27th International Congress on Alcoholism  
Frankfurt, Germany

## Sept. 27 to Oct. 1

N.A.A.P. Convention  
Portland, Oregon

## Oct. 27 to 31

N.A.A.P. 14th Annual Meeting  
Carillon Hotel, Miami Beach, Florida



# ***The Secret of "EASY DOES IT"***

by SMILEY BLANTON, M.D.

*Director, Religio - Psychiatry Clinic, American Foundation of Religion and Psychiatry, New York City.*

**A**S A PRACTICING psychiatrist, I have listened to just about every human problem under the sun. No two troubles are alike — human nature is infinitely complex. But the people who come seeking help do have one thing in common. Each is struggling to overcome some problem—and failing. Usually in the first visit these people blurt out their frustration: "I've tried everything I can think of, Doctor, everything. What on earth shall I do now?"

The advice I often give these people is quite simple, and it never fails to startle them: "Don't try."

Sounds defeatist, doesn't it? Absurd really. But it isn't. After more than forty years of practice, it remains the best all-inclusive prescription I know.

The reason is this. Within each of us an all-wise Creator has placed a marvelous reservoir of courage, energy and wisdom that we seldom use. This reservoir is the subconscious mind. Like a dynamo it furnishes the power and drive of our lives. This power takes many forms. What we call intuition, for example, is nothing but a "still, small voice" from the unconscious. It is also the unconscious that produces for poets, prophets, scientists—indeed all creative thinkers — their deepest insights.

The power that the unconscious can provide is almost limitless; we all know of individuals who, in a crisis, were able to perform incredible feats of strength or endur-

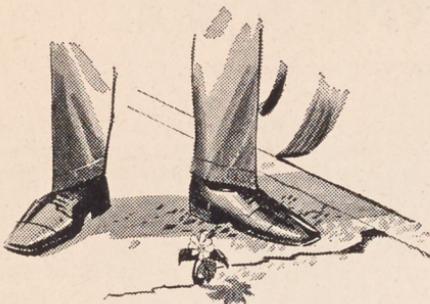
ance. But the circuits that bring the power from the unconscious can be blocked by frustration, tension, anxiety — or by the equally destructive emotions of fear, guilt, hate, sustained anger. And that is what is happening to most of the individuals who seek my help. They are fighting so furiously on the conscious level to solve their problems, and are rendered so desperate by their failure, that emotionally they have short-circuited themselves.

Such people have to be taught to trust their unconscious, and be shown how to use it. Sometimes this is difficult because many are afraid of the uncharted region within and the primitive impulses that lurk there. But such fear is based on ignorance. There is nothing necessarily evil in the unconscious. Even the primitive impulses, understood and rightly channeled, can be used for successful living.

But how, then, does a person tap the tremendous reservoir of power that is locked within him? He must develop habit and attitudes that will unlock and deepen the channels between the conscious and the unconscious mind, and let that power flow.

What are these habits and attitudes? They have a familiar ring, because centuries ago religion identified them and nurtured them in man.

**First: Trust and believe in the hidden power within you.** A psychiatrist might say, "Have faith in your unconscious." A minister might say, "Have faith in God." Personally, I see no conflict between the two ideas. Indeed, they may well be the same idea, expressed differently. After all, it was the Founder



of Christianity who said that, "The kingdom of heaven is within you."

**Next: Be willing to surrender to it.** Get rid of the notion that you are all-powerful, that you can run your life and solve all problems without help from any source. The advice, "Don't try," after you have tried everything, is an invitation to let go, to give up and let the deeper mind take over. The more complete this surrender, the more remarkable the results. When I was studying the healings at Lourdes some years ago, I noticed that those who were healed (medically verified healing did take place) had reached the absolute end of their resources—physical, emotional, spiritual. They had done all they could; there was nothing left but total surrender to whatever restorative force resided in God or in their own deeper selves.

We know that very often, before an alcoholic can be cured of his obsessive drive to drink, he must hit bottom, give up, not try any more. The illusion of self-sufficiency, or "pride of intellect", as I once heard an old minister call it, has to be shattered and abandoned before the curative forces in the unconscious can go to work.

The third bit of advice that I often give to patients (when I think they may take it) is perhaps the most effective of all: **Try prayer.** In

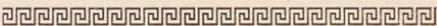
prayer, whatever the creed or denomination, one can turn in humility and trust. Here again the surrender of self is the indispensable attitude: "Not my will, but Thine be done." When this attitude is truly dominant, the results can be astonishing. Whether you choose to call it mobilizing the unconscious or making contact with God, prayer is a channel through which enormous power can flow.

When people come to my office seeking help, I sometimes tell them about a friend I had years ago in Tennessee, Aunt Jo. When she was a young woman a tornado smashed her home, pinning her in the wreckage and crippling both legs so that for the rest of her life she hobbled about on crutches. But she did all her housework and raised her three children. "Smiley, every night I pray for strength to meet the next day," she once said to me. "And every morning I pray again, and thank God for my home and husband and children."

Obviously, it took enormous courage and will-power to carry on under such circumstances, but Aunt Jo knew how to summon the necessary strength through prayer.

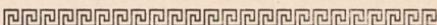
A fourth method of tapping the power in the unconscious is this: **Learn the secret of creative relaxation.** The psychiatrist's couch has become a source of endless jokes, but the idea behind it is valid: to reach the unconscious, tension must be of a minimum.

Everyone, it seems to me, should have a daily period during which he



Faith is knowing there is an ocean because you have seen a brook.

—William Arthur Ward

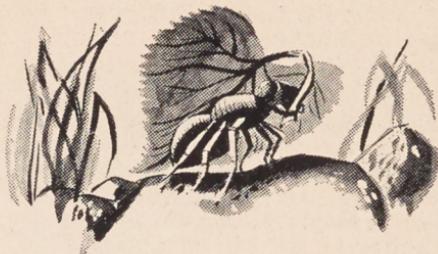


arranges not to be disturbed, lays aside anxieties and burdens, and gives himself up to the creative unconscious. It is best to lie down, if you can, and make yourself as limp as a wet leaf on a log. If this is not possible, sit in a chair, close your eyes to remove visible distractions, and just "let go".

Such a quiet period, in which the mind says to the body, "Don't try", is a great energy restorer during the day, a great tranquillizer before going to sleep at night. If you have problems, you can turn them over to the unconscious to work on while you sleep. And it will work effectively, for it is crammed with information—all the knowledge you have dropped into it, all the things you have learned during your life and "forgotten". The unconscious is timeless and it does not forget.

A fifth method of releasing the power of the unconscious is: **Use autosuggestion.** Too much, at times, has been claimed for this — loudly asserting that problems don't exist, for example, will not make them go away. Still, it is also true that attitudes are more important than facts. And there is no doubt at all that if you consciously look for the best in things instead of the worst, it will act as a tonic for your mind and heart, tending to remove the tensions that stifle the creative unconscious.

I knew a man once, a salesman, who literally breathed confidence into himself. By nature he was shy, but he devised a little trick of auto-suggestion that worked wonders for him. When he approached a prospect, he deliberately listened to the rhythm of his own breathing, then imagined that with every exhalation he was breathing out negative ideas, and with every inhalation breathing in positive ones. "I'm breathing out shyness," he would



say to himself, "breathing in confidence; I'm breathing out timidity, breathing in assurance; I'm breathing out failure, breathing in success."

What he was breathing of course, was simply air. But his unconscious

#### BELATED THANKS TO COMMUNICATIONS MEDIA

PROGRESS blushes at an embarrassing omission in its March edition. In expressing The Foundation's appreciation of the free-time contributions and general co-operation of various Alberta radio and television facilities, we made no mention of the splendid help and interest extended to us by CHAT radio and CHAT-TV in Medicine Hat, and by radio station CFGP in Grande Prairie, whose manager also acted on the local Foundation Advisory Committee.

Our belated thanks are all the more fervent for the guilt we feel at the original oversight. Thank you CHAT! And thank you CFGP!

—Editor

mind took these signals from his conscious mind quite literally, and in response sent him the very qualities he needed.

Every doctor has seen cases in which a desperately ill patient miraculously recovers because his family needs him and he simply decides he isn't going to die. Again the Bible summarizes it with matchless brevity: "As a man thinketh in his heart (not his conscious mind, notice, but his heart) so is he."

The thing to remember, then, is this: each of us has, in his unconscious mind, power and strength and courage past all imaginings. Sometimes we fail to use this strength because we don't know it is there. Sometimes we delude ourselves into thinking we don't need it. Sometimes we block it with fear or guilt or tension. But it is most assuredly there.

"Don't try" clearly, is not advice to be given (or taken) when a person has made only a half-hearted attempt to help himself or has not really tried at all. But when a full honest, conscientious effort has been made with no success, then the best thing to do is to stop struggling and let the great creative forces of the universe come to your rescue.

"Having done all," advised St. Paul, "stand". Stand quietly, he meant. Wait. Relax. Accept the help that will come to you out of the mysterious realm that we psychiatrists call the unconscious.

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### TO A FRIEND

*You entered my life in a casual way,  
and saw at a glance what I needed;  
there were others who passed me or met me each day,  
but never a one of them heeded.*

*Perhaps you were thinking of other folk more,  
or chance simply seemed to decree it;  
I know there were many such chances before,  
but the others — well, they didn't see it.*

*You said just the thing that I wished you would say,  
and you made me believe that you meant it;  
I held up my head in the old gallant way,  
and resolved you should never repent it.*

*There are times when encouragement means such a lot,  
and a word is enough to convey it;  
there were others who could have, as easy as not —  
but, just the same, they didn't say it.*

*There may have been someone who could have done more  
to help me along, though I doubt it;  
what I needed was cheering, and always before  
they had let me plod onward without it.*

*You helped to refashion the dream in my heart,  
and made me turn eagerly to it;  
There were others who might have (I question that part)  
but, after all, **they** didn't do it!*

—Anonymous

## FOUNDATION VISITOR

Reverend Father James F. Geraghty, of the Church of St. Bridget of Sweden, Lindstrom, Minnesota, was guest of the Reporting Club when he visited The Foundation on March 16th on the occasion of his participation in an AA-sponsored retreat at the Etoile du Nord Retreat House of the Oblate Fathers here.

Father Geraghty, well-known as Roman Catholic Chaplain at the Hazelden Foundation, Centre City, Minnesota, was introduced by Jim McInerney who paid tribute to the priest's outstanding contributions to alcoholism treatment through his help in bringing alcoholics of all denominations to take their fifth step in AA—"Admitted to God, to ourselves and to another human being the exact nature of our wrongs."

In his address to the Reporting Club, Father Geraghty expressed his strong conviction that trained clergymen should take an increasing part in alcoholism work. He pointed out that clinical counsellors are to some extent bound by their own counselling involvement, and that effective reinforcement to clinical therapy can be provided by persons outside the formal counselling situation.

Every man who attacks my belief diminishes in some degree my confidence in it, and therefore makes me uneasy, and I am angry with him who makes me uneasy.

—Samuel Johnson:

*Boswell's Life,*  
April 3, 1776

## NEW BROCHURE AVAILABLE

In observance of the completion of its first decade of public service, The Alcoholism Foundation of Alberta recently published a special 10th Anniversary brochure.

The attractive 10" x 7" two-color format contains 20 pages, and offers concise outlines of The Foundation's history, treatment principles, educational and research activities, and its special community and professional services. Photos and drawings were employed to reinforce the brochure's message, and a brief one-page statistical summary gives a graphic factual picture of the scope of the alcoholism problem in Alberta.

This outline of an increasingly important Alberta public service organization offers useful information to anyone interested in, or confronted by, alcohol problems. Copies are available on request — free of charge to Alberta residents. Simply write to:

The Editor  
The Alcoholism  
Foundation of Alberta  
9929 - 103 Street  
Edmonton, Alberta  
(Canada)

The beginnings of all things are weak and tender. We must therefore be clear-sighted in beginnings, for, as in their budding we discern not the danger, so in their full growth we perceive not the remedy.

—Michel De Montaigne:  
*Essays, III, 1588*

WELFARE OFFICER



# PUBLIC WELFARE AND THE DRINKING PROBLEM

by D. K. WASS

*Mr. D. K. (Keith) Wass, Superintendent, City of Edmonton Welfare Department, earned his B.A. and M.A. degrees in Social Work at the University of Toronto. Following completion of his studies, and prior to accepting his Edmonton appointment, Mr. Wass worked in the Child Welfare field in Ontario for seven years, at both municipal and provincial levels.*

PUBLIC WELFARE IS now generally recognized and accepted as an essential government service. It has become part of the fabric of our complex, mobile, automated, urban society. Over the years public demand has led to the enactment of legislation: for the protection of children; the care of the handicapped; the maintenance of the aged; the provision of basic necessities to the unemployed; and the provision of preventive and rehabilitative services. Welfare departments evolved to administer and carry out the intent of this legislation.

The factors leading to a citizen benefiting from a public welfare program may be most simple or exceedingly complex. At one end of the scale, the attainment of age seventy means old age security cheques will be forthcoming. At the other end is the complexity of the human mind and personality which, combined with environmental events, sometimes leads to behavior that will not be tolerated in our community, or even to vicious anti-social activities.

One social and medical problem, the excessive use of alcohol, is almost daily witnessed by the staff of public welfare departments. Whether this kind of drinking is the major factor or merely a contributing factor in a previously disorganized

individual or family is uncertain. However, it is a fact that the excessive use of alcohol aggravates and intensifies the situation, and reduces the likelihood of rehabilitation or resolution of the presenting problem.

Although there is considerable assumption and speculation that excessive drinking is a prevalent problem in a significant proportion of public welfare cases, the literature seems to have little data in this regard. With this query in mind, a questionnaire was circulated to the social work staff of the Edmonton Welfare Department. The Department is multi-functional, with the caseload including financial assistance, child protection, juvenile probation and family court counselling cases. The result of this survey is interesting, even though the data is too vague and overly subject to vagaries of human judgment to be used for research purposes.

The social work staff were asked to review their cases and assess whether or not a problem was presented by excessive or 'alcoholic' drinking. They were also asked to elaborate in cases where they believed a problem existed, and to indicate whether it was a severe problem, a contributing problem, or a source or irritation. No clearly established definition of terms was

formulated; thus the response was subject to individual interpretation by the social work staff. Thirty-three staff members participated by reviewing either part or all of their caseload.

In the social assistance section, families or individuals are eligible for financial aid, usually of short-term duration. The caseload carried by field staff as of the end of March, 1964, a total of 718 cases, was reviewed. A summary of the staff assessment indicated that in 23% of the cases a problem was presented by excessive drinking. Of the problem cases, 43% were assessed to have a severe drinking problem, 41% a contributing problem, and in 16% the drinking was a source of irritation. In all the categories of cases reviewed this group was reported as having the lowest percentage with a drinking problem.

In juvenile probation, 193 families were reviewed. In each case a boy or girl had appeared before the Judge of the Juvenile Court and had been placed on probation because of delinquent behavior. The summary figure indicates that in 24% of the cases a problem was presented by excessive drinking within the family. The similarity with the social assistance percentages is further indicated in the breakdown of problem cases: 39% reported as severe, 35% contributing, and 26% as a source of irritation.

The total family court caseload for the first three months of 1964 was also reviewed, a total of 147 cases. In these cases the symptoms are serious marital discord, assault, or desertion, usually leading to one partner seeking either counselling or the recourse of the Family Court. In this caseload it was assessed that in 56% of the cases excessive drinking presented a problem. This is further broken down as 30% with a severe problem, 51% contributing, and 19% a

## LABOR RULING MAY SET NEW PRECEDENT

**T**HE DISEASE CONCEPT of alcoholism, the responsibility of its sufferers to accept treatment and of society to provide it—all received what may prove to be precedent-setting recognition in a recent decision by a representative of the American Arbitration Association.

An industrial employee in Kansas City, discharged for chronic excessive drinking, was ordered reinstated on condition that he accept treatment for alcoholism. The decision was based on two points: 1) Alcoholism is a disease and can be treated; 2) the Company had made no attempt to suggest the means of treatment or rehabilitation for the employee.

The need for a straightforward approach to this question and for effective means for dealing with such problems was described as urgent in the decision.

The decision, which may have far-reaching consequences was brought in Kansas City, Mo. on July 3, 1963, in a matter of arbitration between the Oil, Chemical and Atomic Workers International Union and the Corn Products Company.

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source of irritation.

In the child protection area, the total caseload was not reviewed, but rather the most serious segment of it. All the families where children were taken into care during the first three months of 1964 were reviewed. This occurred in 74

families, and in 61% of the cases a problem with excessive drinking was reported. The further breakdown is 22% severe, 58% contributing, and 20% a source of irritation.

One further assessment was made in our intake section. This section receives the initial applications or referrals for assistance for three services — social assistance, child protection and family court counselling. Juvenile probation cases go directly to probation staff rather than through the intake section. The assessment at the intake area would probably be most incomplete due to the limited knowledge that the social worker would have of the family. Despite that, of 194 cases received in March, excessive drinking was noted to be a problem in 40% of the cases. The further breakdown of that percentage is as follows — 38% severe, 53% contributing, and 9% a source of irritation.

The following table summarizes the data related above:



TYPE OF CASE	DRINKING PROBLEM CASES				
	No Problem	A Drinking Problem	Severe	Contributing	Irritation
Social Assistance (718 cases)	77%	23%	43%	41%	16%
Juvenile Probation (193 cases)	76%	24%	39%	35%	26%
Family Court (147 cases)	44%	56%	30%	51%	19%
Child Neglect Apprehensions (74 cases)	39%	61%	22%	58%	20%
Intake of New Cases (194 cases)	60%	40%	38%	53%	9%

This limited survey implies that, at least in the view of the social worker knowing the family, excessive drinking is a prevalent pattern in a significant proportion of cases. Numerous case histories could be related to illustrate this further. Perhaps the most pathetic are the situations of child neglect where helpless children, many showing symptoms of severe emotional disturbance, are admitted to care from homes where there is excessive or 'alcoholic' drinking on the part of one or both parents. A great percentage of the night and weekend emergency calls where child neglect is a factor are precipitated by the misuse of alcohol. Sometimes the mother with dependent children has failed to relieve the babysitter and return home after several hours of drinking. In other situations, both parents have become intoxicated at a party that ended in a fight, and they were found to be incapable at that point of caring for young children.

What are public welfare departments doing to cope with this problem? While this undoubtedly varies greatly between departments, some steps are probably quite general.

First, efforts are made to familiarize staff with the nature of alcoholism, and the community resources that are available to the alcoholic. Secondly, efforts are made to motivate the alcoholic to change, to recognize and accept his illness, and to seek assistance through AA, The Alcoholism Foundation, the family doctor, or other resources where applicable. Also supportive, interpretative, and referral services are made available to other members of the family. Such activities may seem inadequate as one reviews the incidence of this problem in case-loads.

Alcoholism must be recognized as a serious community problem, and all professions and citizens must accept their responsibility. Treatment will be more effective in most cases if action is taken long before the family is known to public welfare. The family members, the physician, the priest or clergyman, the educator, the business associate, along with the social worker in welfare agencies or departments, must bring a concerted attack on this social problem that contributes so largely to the breakdown of our family units.

## LOYALTY

Have you ever stood fast in defense of a friend—answered with praise when someone belittles? When someone lists his faults, have you matched each one with a list of his good qualities?

Have you stood beside him when it seems that the whole world has turned their back upon him? When he has failed, were you there to offer words of encouragement, and words of praise just for trying?

Were you willing to acknowledge his faults to yourself and still see

the goodness and the fine traits you admired?

If you can answer "yes" to all of these, then you have a quality that is good to see. For it, men have suffered shame, pain, and death, but they have also known it was worthwhile.

For where would we be without Loyalty. Loyalty to a person, a country, a cause. And for men of Loyalty we—COUNT OUR BLESSINGS!

—Paul Reid  
(presented by Templeton's)

# GETTING ACROSS

by WILLIAM J. NEWMAN

*Formerly attached to the Alcohol Treatment and Rehabilitation Program of Montana State Hospital, Mr. Newman is currently engaged in educational and communications research at The Alcoholism Foundation of Alberta.*

**T**HE ELDERLY MAN had not heard my voice clearly. Being somewhat impatient, he filled in the gaps himself . . . in line with his own inner needs . . . and some of the specific value of the information I was giving was lost to him.

In a very real sense we, who are working in the area of alcohol education and treatment, are giving forth distorted messages, just as our listeners are receiving them. If this statement sounds arbitrary, consider the following evidence: very few program releases concern themselves with the specific object of enhancing the adequacy and effectiveness of message-giving. A recent survey of the Rutgers Archives by the writer disclosed almost total neglect of the communications area; a most surprising discovery, since both good treatment and preventive alcohol education are so heavily dependent on it. Sheer oversight or lack of interest and/or competence by researchers in this field could be implicated.

Let us, as Schramm suggests, see adequate message-giving as involving a sender — medium — receiver. Working on any one, or any combination of these, can help to effect attitude change and it would seem wise to avail ourselves of proven techniques wherever they may be found. For example, such methods are part and parcel of advertising and professional propaganda campaigns, and yet few workers in the alcohol arena are aware of them. Methods adopted from market research or social psychology might help us to check the

effectiveness of our messages to special interest groups—like clergy, lawyers, merchants and the public at large.

In many treatment settings communication breaks down because of difficulties with word meanings, both emotional and cognitive, or because of religious or ethnic factors. The color of a man's skin can be a very effective barrier to get-with-it-iveness. Group dynamics, semantics or anthropology might possibly be of some help in promoting togetherness and improving communications. Again, in a treatment setting, a demonstration of a Korsakoff patient (one who fills in recent memory gaps with false events) might reach a particular kind of alcoholic patient. Also, the use of small portable audio-visual devices tailored to overcome verbal communication difficulties in certain types of patients, is waiting to be developed. This could be particularly useful for ethnic groups and withdrawn patients. I even believe models can be concocted to illustrate vividly various problem areas of common occurrence among alcoholics. The alcoholic appears to have great difficulty with getting clear pictures of abstract concepts like dependency, sin, etc., and the complex and far-reaching interrelationship of same. Could not such models be tailored to meet such difficulties? It should be stated that models other than movies, film strips and the like are the referent here.

The world of the educator has yielded highly potent methods which can be used to bring about changes

brushing behavior, as compared to the control group, was found.

Subsequent work by Terwilliger and Janis confirms the explanation of these findings, that strong fear raises strong defenses thus preventing attitude change. Again, the first research on the effects of systematically varying the credibility of the source or the communicator is reported by Hovland and Weiss. An interesting finding occurs. As expected, when the communicator is a highly respected source the communication is more persuasive than with a less prestigeful com-



in attitudes in various social settings. My reference is to work done by men like Festinger, Hovland, Janis, Schramm, etc. To give an example, we could cite one experiment of Janis and Feshback cited by Macoby. An attempt was made to induce secondary school pupils to adopt an approved method for brushing their teeth. In this experiment the fear-arousing properties of the communication were systematically varied and the effects on attitude change and compliance assessed. Three groups of students and a control group were used. Three lectures were designed which differed markedly from each other in the emotional appeal (fear-arousing) of the arguments given for proper brushing, one lecture being assigned to each group. The upshot of all of this was that the minimal fear-arousing communication worked best; the strong one was so ineffective in this respect that no clear-cut effect on tooth-



municator. However, this difference dissipates with time. When subjects initially exposed to the same communication but from attributed sources varying in credibility are tested four weeks later, those with the high source regress towards their original positions. Those whose source was less credible show a delayed change upward or a 'sleeper effect'. The result is that the difference due to source dissipates over time. Hovland and Kelman later found this phenomenon is due to the fact that although the content of the message is retained over time, the source of the communication is not. Reinstatement of the source without any new presentation of the content of the communication restored the original difference.

Does all of this have implications for work in alcohol education? I strongly believe that it does. We are informed from careful experimentation that when passive dependent and depressed traits are present alone or together in people they are more susceptible to persuasion. This is valuable knowledge in both treatment and education. Conversely, schizoid or paranoid traits make a man or woman less susceptible to persuasion.

All of the foregoing remarks were intended to stress the need to avail ourselves of results of work done in other areas. It is quite possible, and indeed probable, that fields undreamed of have something to contribute to maximize our message-giving power, and this is left to one's imagination, and the demands of practical experience. My feeling is that many workers in the alcohol field may have an idea or ideas to contribute to education and treatment but do not do so because of time limitations on writing and/or because they find it difficult to be writers. They may have tried these 'hunches' out in their specific situa-

tion and by their own criteria achieved good or bad results. Their experience should be shared with others, who themselves might in turn have something to contribute to solve the common problems of communication in alcoholism treatment and education.

It is felt that many such ideas are tried out by workers in various programs and one never hears about them. A news release by the conventional program news-letter is believed at best to reach a limited audience and this is an inappropriate medium for the type of material discussed. The suggestion is made that there should be some sort of a central clearing house for such ideas below the level of rigorous experimentation. The worker would fill out a card having such basic data as (a) problem (b) approach (c) results (d) criteria of effectiveness, and then state if involved in education, treatment, or both, and forward to the clearing house.

The above is a model and is used simply for illustrative purposes. I would also recommend that a communications digest be put out by the clearing house to incorporate articles of a scientific nature on communications and that it be made available to its contributors from both within and outside the alcohol field. Clearing house staff would serve to screen and select articles from incoming material. I believe the necessity is urgent. The work of setting up, staffing and financing such a centre is an open problem. Readers' views are solicited in answer to it.

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# DEPRESSION AND RELAPSE IN ALCOHOLIC PATIENTS

(A PRELIMINARY SURVEY)

by PETER CHIMBOS and PAUL STOOSHNOFF

*Now a Foundation Counsellor, Greek-born Peter Chimbos earned his Sociology M.A. at Montana State University; later spent two years as USAF military prisoner instructor and three years teaching Sociology at Mount Royal College.*

*Calgarian Paul Stooshnoff studied Psychology at San Jose State College, Literature in France and Hong Kong. He is currently preparing to attend Harvard University for courses in publishing procedures, later to pursue other studies in London.*

## THE PROBLEM

Depression in alcoholic patients has been discussed in some of the socio-psychological literature, but the relationship between depression and relapse apparently has been ignored by the investigators in this field. We felt that an attempt to do some kind of preliminary investigation on depression and relapse in alcoholic patients could open a new area for future study.

Working as counsellors with patients at The Alcoholism Foundation of Alberta in Calgary, we observed, through interviews and psychometrics, that the degree of depression in alcoholic patients seemed to be an important factor correlated with relapse. In this study, the word 'depression' refers to a clinical syndrome consisting of lowered mood (feelings of painful rejection), difficulty in thinking, despair and feelings of uselessness.

In the light of the foregoing, we offered the following hypothesis to be put into an empirical test: the deeper the depression in any alcoholic patient, the higher the probability of relapse. It was also expected that the degree of depression, as indicated by the Minnesota Multiphasic Personality Inventory, (M.M.P.I.) would vary according to vocational level, education and religion.

## METHODOLOGY

Approached by psychometric method, this investigation used the M.M.P.I. to measure the degree of depression in cases tested. A psychometric instrument, the M.M.P.I. was designed to provide, in a single test, scores of the important phases of personality, including depression. A high depression score indicates poor morale of the emotional type, with feelings of uselessness and inability to assume a normal optimism with regard to the future. It further suggests a characteristic personality background in that, the person who reacts to stress with depression, is characterized by lack of self-confidence, tendency to worry, narrowness of interest and introversion.

The data for our investigation was selected from the files of 33 male patients treated at The Foundation's Calgary clinic between April, 1954 and August, 1963 and who had previously taken the M.M.P.I.

TABLE 1  
DIFFERENCES OF THE MEAN IN THE CLINICAL SCALES OF M.M.P.I.

Clinical Scales	Mean of the 'relapse' Group	Mean of the 'no relapse' Group
Depression	26.3	22.8
Hypomania	19.3	22.7
Introversion/Extroversion	33.3	24.4

Since there were very few female patients with M.M.P.I. data, we decided to exclude them.

The following criteria were used to establish a 'relapse' group and a 'no relapse' group within our sample:

- (a) Patients who remained abstinent for at least one month from the time of entering treatment were placed in a 'no relapse' category.
- (b) Patients who failed to remain abstinent for one month from the time of entering treatment were placed in a 'relapse' category.

## FINDINGS

Table 1 shows the differences found between the 'relapse' and the 'no relapse' groups in the clinical scales of the M.M.P.I. The following can be observed from table 1.

- (a) The mean score on the depression scale was found to be 3.5 points higher for the 'relapse' group than for the 'no relapse' group.
- (b) The mean score on the hypomanic scale was found to be 3.4 scale points lower for the 'relapse' group than for the 'no

relapse' group. This suggests that the patients in the 'no relapse' group were more active and enthusiastic and less depressed than in the 'relapse' group.

- (c) The mean score on the social-introversion scale was found to be 8.9 higher for the 'relapse' group than for the 'no relapse' group.

This indicates that the 'relapse' group had a greater tendency to withdraw from social contacts than the 'no relapse' group. It might also indicate that there is a relationship between introversion and relapse. Other relationships, such as those between introversion and degrees of depression and hypomania could be important, but the actual relationship among these variables is yet to be investigated.

In table 2, differences in social factors can be observed. Although differences in religion and marital status between the two groups are not significant, the differences on the vocational level could be important. In the 'relapse' group we find a higher percentage (13.5%) of patients in the executive - managerial occupations. This could indicate that the relationship between the strains of responsibility and relapse needs further investigation.

TABLE 2  
VARIATIONS IN SOCIAL FACTORS

MARITAL STATUS		
	'Relapse' Group	'No Relapse' Group
Married	72.7%	77.9%
Single	9.9%	4.5%
Separated	9.9%	9.9%
Unknown	9.9%	4.5%
Divorced		4.5%

VOCATIONAL LEVEL		
	'Relapse' Group	'No Relapse' Group
Executive and Managerial	18.1%	4.5%
Supervisory	9.9%	4.5%
High-skilled	18.1%	18.1%
Semi-skilled	36.3%	50.0%
Unskilled	9.9%	18.0%
Unknown	9.9%	4.5%

RELIGION		
	'Relapse' Group	'No Relapse' Group
Protestant	63.6%	77.9%
Catholic	27.7%	13.6%
Unknown	9.9%	4.5%
Mennonite		4.5%

From this study, we can conclude that the 'relapse' group scores higher than the 'no relapse' group on the scales of the M.M.P.I., which indicates depression. If the findings of this preliminary survey are confirmed by the necessary further studies, it would appear that counsellors dealing with alcoholics could make a significant contribution in developing an improved therapy for relapsing patients.

An alcoholism treatment clinic often presents opportunities for significant research into various aspects of patients' treatment and post-treatment syndromes and responses. The comprehensive investigation of these may yield both practical information for clinical advances in terms of improved therapy, and additions to our total knowledge and understanding of alcoholism in purely objective scientific terms. Indeed, the clinical therapeutic setting is one of the most valid and potentially productive areas for systematic and exhaustive research study, more so, perhaps, than is generally recognized.

The first steps in meaningful enquiry are often of necessity tentative and empirical rather than scientific, objective or absolute. Nevertheless, collaboration between the therapist and researcher presents a particularly fecund area for observation. An intelligent and acute awareness of values and relationships in the routine and relatively casual clinical setting may lead to research objectives and findings of scientific moment and utility. A study of the relationship between depression and relapse in alcoholic patients promises to be one such area of useful investigation.

—Editor

# FOUNDATION'S 10th ANNIVERSARY

On April 15th The Alcoholism Foundation of Alberta celebrated the completion of its first decade of public service with a special Tenth Anniversary observance simultaneously with its 11th Annual General Meeting in Edmonton.

Provincial Premier E. C. Manning was guest speaker at the function, which was widely attended by other representatives of both the provincial and civic governments, medical, health and welfare agency and hospital personnel, representatives of industry and labor, present and past Board members, and general Foundation membership.

Winding up a very successful two-year term of office, retiring President Murray E. Stewart paid tribute to the contributions of the provincial and municipal governments, and to the many individuals and organizations who support The Foundation's work. Past activity was reviewed, and new and larger future objectives were defined consistent with Alberta's growth, with its increasing industrialization and with the emerging needs of its expanding communities. Special emphasis was placed on the evolving liaison and co-operation between educational institutions and training centres at all levels in the health and welfare fields, and in the professions generally concerned with social problems.

Mr. John S. McGuckin, a prominent Edmonton businessman and community service worker, was elected President of the Board of The Alcoholism Foundation of Alberta for the next term.

—Editor



Pictured above (left to right) at the Northern Alberta Jubilee Auditorium April 15th on the occasion of the 10th Anniversary observance of The Alcoholism Foundation of Alberta: Hon. Ernest C. Manning, Premier of Alberta (Honorary Board Member); facing camera—Mrs. E. C. Manning; Hon. J. Donovan Ross, M.D., M.L.A., (Honorary Board Chairman); back to camera—Mrs. J. Donovan Ross.



Left to right: Mr. John S. McGuckin, new President of the Board; Hon. Dr. J. Donovan Ross; Mr. George B. Henwood, retired Past Secretary and one of the organizing committee of The Foundation; Hon. E. C. Manning; Mr. John G. C. Fullerton, retiring Secretary-Treasurer; Mr. J. George Strachan, Executive Director and Mr. Murray E. Stewart, retiring President.

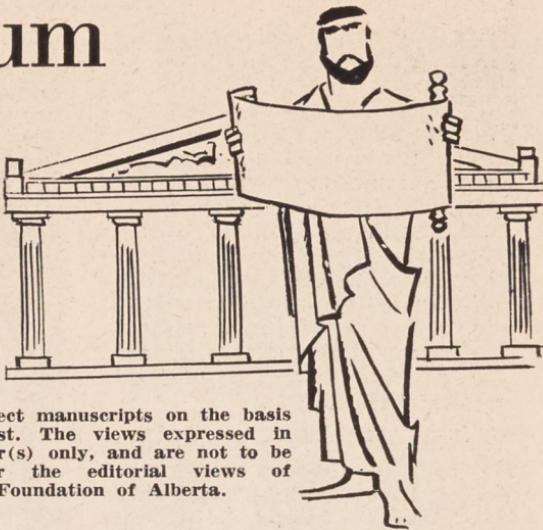


Left to right: Mr. Stewart, retiring President, presented special certificates of tribute for service to The Foundation to Messrs. Henwood and Fullerton.

Regrettably, PROGRESS was unable to obtain a photograph of the presentation of similar certificates in Calgary to Mr. James B. Cross and Mr. I. George Cristall by Mr. Stewart on April 29th. However, the exemplary services Messrs. Cross and Cristall rendered to The Foundation since its inception have been gratefully acknowledged.

# The Forum

THE FORUM is a special section of PROGRESS devoted exclusively to the voluntary publication of the views, concerns and experiences of individuals and organizations, both professional and lay, on matters relevant to the social, medical, legal and economic aspects of alcohol use and alcoholism. Submissions to The Forum are invited on the understanding that no fees can be paid, and that PROGRESS reserves the right to accept or reject manuscripts on the basis of validity, pertinence and interest. The views expressed in The Forum are those of the author(s) only, and are not to be construed as representing either the editorial views of PROGRESS or of The Alcoholism Foundation of Alberta.



## "WHERE THERE'S SMOKE..."

by ALVIN L. MILLER

*"This I do, being mad;  
Gather baubles about me,  
Sit in a circle of toys,  
And all the time  
Death beating the door in."*

—Author Unknown

### (EXCERPTS FROM "GUILTY AS CHARGED")

**M**EMO TO MY FRIENDS who are concerned regarding the alarming increase in the use of tobacco by students, and are interested in student health, safety and education.

In view of the personal stand taken by Hon. Judy LaMarsh, Hon. A. O. Aalborg, Hon. J. D. Ross, Hon. Fred Colborne, Hon. A. J. Hooke and hundreds of others in places of influence, we hang our heads over a lost opportunity to make a personal contribution to the welfare of our students.

Life appears with the instinct to preserve itself through the ingestion of food and the mouth parts of the

mammal are willing and able at birth. The short life of the wild animal consists of the search for food and its digestion. Due to short life, exercise and scarcity of food, this undisciplined use of the mouth parts is not harmful. The undisciplined mouth parts of the human, however, will do irreparable damage to the owner's circulatory, digestive and respiratory systems in half an anticipated lifetime. The human will go to extreme limits in trying to satisfy these undisciplined mouth parts. I refer to the use of tobacco, intoxicating fluids and drugs.

The use of tobacco, on superficial examination, is comparatively harmless. An import into Europe from America; fostered by two world wars and the most subtle, efficient ad-

vertising, the use of tobacco has become a world wide plague.

**"OTTAWA (CP)—In a search for new Canadian tobacco markets, a trade mission is leaving on a month-long tour of Poland, Russia, Austria, Bulgaria, Israel, Italy and France. The trade department said the five man mission's objectives will be to negotiate immediate sales, establish contacts for future sales, and report on the general market potential in the various areas."**

The income of the government from sale of tobacco during the 1961-62 fiscal year amounted to \$410,000,000. This is quite a boost to our economy and we would like to boost it some more until these other countries "catch on"; refuse to depress their economy and allow the health of their people to be undermined for our benefit. Let us fit the shoe on our foot since we are so generous under the Colombo and other plans, and allow Mexico and China to encourage the growth of marijuana and poppies for export to Canada in order to boost their economy.

The death rate from all causes is about twice as high for "a pack a day" smoker as for a non-smoker. Lung cancer death rate is nine times as high. Seven chemical substances present in tobacco smoke could cause cancer. Nineteen poisons can be obtained from tobacco including carbon monoxide, nicotine, carbolic acid and furfural. One cigarette of tobacco contains as much furfural as 20 ounces of whiskey. It is 50 times as poisonous as alcohol. This poison causes paralysis of respiratory muscles.

The blood prefers carbon monoxide 210 times better than oxygen which means that if the blood is able to obtain the monoxide, it picks up little oxygen.

We are concerned mostly with the student, in an educational system. The cost per pupil of \$400.00 per year should produce the very best future citizen possible but statistics show the smoker is a drag on school standards with consequent loss of citizenship and money to the community. Dr. T. H. Evans stated in an article written for the New York Journal of Medicine, "I consider smoking an adult form of thumb sucking". It would appear that it is the duty of the schools to help these students to "grow up" while they are in school.

\* \* \*

Noah was "drunken" from misuse of grapes grown in his own vineyard. You may read in Genesis of this first recorded story of the effect of alcohol on the human brain and the embarrassment caused the man and his family. Thousands of stories have been written since and other thousands of cases unreported have occurred showing actions of the human after taking alcoholic fluid through this undisciplined mouthpiece. The cost to society in human lives and misery of survivors is beyond the imagination of the most learned. This fluid is the number one plague of the human race down through the centuries and is still with us in all its ugly forms.

*"Man drinks because he wills to experience the effects of drink. Conceding that men do not deliberately intend to become alcoholics, what shall be said of a man who, knowing the ultimate results, seeks the accumulated effects? If a sane man chooses to loose destructive forces upon himself, the law cannot relieve him of his folly."*

The best treatment of any illness is prevention. It is time for Board members, administration, teachers and parents, who have become

careless in their thinking, to remember that they are making life harder for someone, student or adult; that we are our brother's keeper and we must not hinder him in his efforts for the best in life.

\* \* \*

The human has outsmarted the insatiable appetite of the undisciplined mouthpiece in the use of drugs and takes his dope more directly through injection of the hypodermic needle. Not content with natural means of destruction of the body and mind, the human found another way to provide "kicks". The kick is the same but dope works faster and lasts longer.

We are riding the "Wild Horses" for sure but do we give them free rein or where, how and when do we apply the necessary restraint to prevent the, in so many tragic cases, inevitable runaway accident? I am only asking those adults in charge of the child of school age to supply an answer by example in their own lives. If they do this the responsibilities of the next generation will be their own.

**This brief is submitted on  
behalf of angry young people:**

1. Angry because of the adult dominating attitude — Thou shalt not but I may.
2. Angry because of the adult discriminating attitude — It is o.k. for me but you may not.
3. Angry because "our pet Juliette" tells us to order more and more while our parents and teachers, with tar stained fingers, say "you must not".
4. Angry because television and magazines carry all kinds of sadistic pictures into every home but if we carry one in our pocket we are charged as a "purveyor of pornography".
5. Angry because of the adult filth we hear everyday and if we repeat it we are "disciplined".
6. Angry because we were brought into life without our consent and shoved out of the nest by irresponsible or alcoholic parents before they taught us how to fly.
7. Angry because of discrimination between races and colour.
8. Angry because after every wind storm the town is littered with cigarette boxes and every morning alcohol containers litter streets, lanes and lawns.
9. Angry because acres which could produce food for starving millions grow tobacco or hops and food which could be used for those starving millions is processed into alcohol.
10. Angry because our older brother accepts no responsibility for us in the way we should go and our older friends lead us in the paths of temptation from which we cannot draw back.

11. Angry because, 18 years after the war to end all wars, adult energies and finances are still going into methods of destruction instead of preparing a better world for us to live in.
12. Angry because religious and language differences of the past divide us in our educational efforts while education should be a unifying force toward a better life.
13. We know these conditions

have existed since the dawn of recorded history and will likely remain while ignorance and greed are in our life and heritage. We know that some ignorant, immature and illiterate persons accept these conditions as a way of life. We are angry because the educated, those who know better, choose to encourage or at least to ignore these conditions and allow them to pass on to us in our heritage from the past.

**ALVIN L. MILLER**, Trustee on the Jasper Place Public School Board, is one of that regrettably small number of militant citizens who, driven by social conscience and motivated by his concern with education both **vocalizes** and **works** for the ideals he professes.

Recently, Mr. Miller, at his own expense, produced a hard-hitting brochure: "Guilty As Charged", covering his often thankless struggle to curb the use of tobacco on School Board property in the interests of student welfare.

While The Foundation's editorial policy does not permit partisan involvement in contentious issues, it may nevertheless be observed that the freedoms implicit in the democratic ideal do not just 'happen'. Freedom implies responsibility and responsibility is more than a moral abstraction. Responsibility is action, deliberate and determined, directed by the dictates of social conscience, of concern for one's fellow man, on the basis of an ethic and morality compatible with the kind of social involvement suggested in John Donne's famous 16th century devotional, "For Whom The Bell Tolls". PROGRESS pays tribute to Mr. Miller's exemplary citizenship with Donne's timeless and majestic social commentary:

"No man is an Iland,  
Intire of it selfe;  
Every man is a peece of the continent,  
A part of the maine;  
If a clod bee washed away by the Sea,  
Europe is the lesse,  
As well as if a Promontorie were,  
As well as if a Manor of thy friends  
Or of thine owne were;  
Any man's death diminishes me,  
Because I am involved in Mankinde;  
And therefore never send to know  
For whom the bell tolls;  
It tolls for thee."

—Editor

# LINCOLN ON ALCOHOLISM

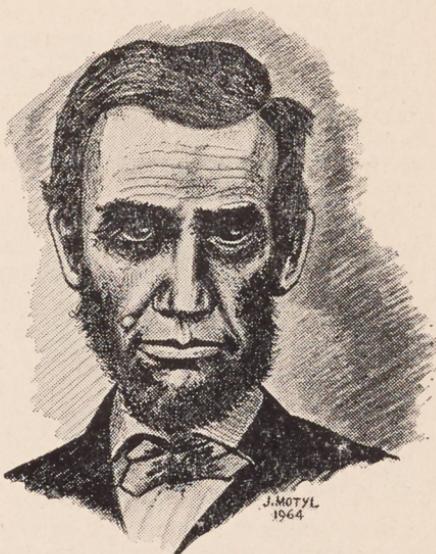
*From Lincoln's address to the Washington Temperance Society, Springfield, Illinois, February 22nd, 1842 . . . the profound insight of the great President into the dilemma of the habitual drunkard.*

"IN MY JUDGMENT such of us who have never fallen victims have been spared more by the absence of appetite than from any mental or moral superiority over those who have. Indeed, I believe if we take habitual drunkards as a class, their heads and their hearts will bear an advantageous comparison with those of any other class.

"When one who has long been known as a victim of intemperance bursts the fetters that have bound him, and appears before his neighbors 'clothed and in his right mind', a redeemed specimen of long-lost humanity, and stands up, with tears of joy trembling in his eyes, to tell of the miseries once endured, now to be endured no more forever: of his once naked and starving children, now clad and fed comfortable; of a wife long weighed down with woe, weeping, and a broken heart, now restored to health, happiness, and a renewed affection; and how easily it is all done, once it is resolved to be done—how simple his language! Human feelings cannot resist.

"I have not inquired at what period of time the use of intoxicating liquors commenced; nor is it important to know. It is sufficient that, to all of us who now inhabit the world, the practice of drinking them is just as old as the world itself—that is, we have seen the one just as long as we have seen the other.

"Those who have suffered by intemperance personally, and have reformed, are the most powerful and



efficient instruments to push the reformation to ultimate success. It does not follow that those who have not suffered have no part left them to perform. Whether or not the world would be vastly benefited by a total and final banishment from it of all intoxicating drinks seems to me not now an open question.

"The victims of it (alcoholism) are to be pitied and compassioned, just as are the heirs of consumption and other hereditary diseases. Their failing should be treated as a misfortune, and not as a crime, or even as a disgrace.

"There seems ever to have been a proneness in the brilliant and

warm-blooded to fall into the vice—the demon of intemperance ever seems to have delighted in sucking the blood of genius and of generosity. What one of us but can call to mind some relative, more promising in youth than all his fellows, who has fallen a sacrifice to his rapacity? He seems ever to have gone forth like the Egyptian angel of death, commissioned to slay, if not the first, the fairest born of every family.

"Happy day when—all appetites controlled, all passions subdued, all matter subjugated — mind, all-conquering mind, shall live and move, the monarch of the world. Glorious consummation! Hail, fall of fury! Reign of reason, all hail!"

"And when the victory shall be complete — when there shall be neither slave nor drunkard on the earth—how proud the title of that land which may truly claim to be the birthplace and the cradle of both those resolutions that shall have ended in that victory. How nobly distinguished that people who shall have planted and nurtured to maturity both the political and moral freedom of their species.

"For the man suddenly or in any other way to break off from the use of drams, who has indulged in them for a long course of years and until his appetite for them has grown ten or a hundred-fold stronger and more craving than any natural appetite can be, requires a most powerful moral effort. In such an undertaking he needs every moral support and influence that can possibly be

brought to his aid and thrown around him.

"It is an old and a true maxim that 'a drop of honey catches more flies than a gallon of gall'. So with men. If you would win a man to your cause, first convince him that you are his sincere friend.

"Is it just to assail, condemn, or despise them? The universal sense of mankind on any subject is an argument, or at least an influence, not easily overcome. The success of the argument in favor of the existence of an overruling Providence mainly depends upon that sense; and men ought not in justice to be denounced for yielding to it in any case, or giving it up slowly, especially when they are backed by interest, fixed habits, or burning appetites.

"Another error, as it seems to me, into which the old reformers fell, was the position that all habitual drunkards were utterly incorrigible, and therefore must be turned adrift and damned without remedy in order that the grace of temperance might abound, to the temperate then, and to all mankind some hundreds of years thereafter. There is in this attitude something so repugnant to humanity, so uncharitable, so cold-blooded and feelingless, that it never did nor ever can enlist the enthusiasm of a popular cause."

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1964 edition.

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Misfortunes one can endure—they come from outside, they are accidents. But to suffer for one's own faults—ah!—there is the sting of life!

—Oscar Wilde

The bathtub was invented in 1850, the telephone in 1875. Had you lived in 1850, you could have sat in the bathtub for 25 years without the darn telephone ringing.



# Publications Review

PROGRESS invites concise reviews of books and other recent publications pertinent to the broad fields of alcoholism research, treatment, education, etc.

★ ★ ★ ★

ALCOHOL AND CIVILIZATION, edited by Salvatore P. Lucia. McGraw-Hill, New York, 1963. Pp. 416. This general symposium is divided into two sets of papers having biochemical-physiological-medical and socio-cultural orientations respectively. Papers by Goldberg on physiology, and Drew on complex performance, were well done and are a mine of information on these specific topics.

Both authors made liberal use of research studies to drive home their points. Forslander's paper on biochemistry is difficult reading but will reward the effort. Terse comments on research methodology by Goldberg and Drew deserve careful reading by researchers. Psychological coverage proved disappointing and is largely a rehash of the tension reduction idea in the animal and human context. Varied social-cultural data, together with discussion of laws, were given for European countries and the United States. Such discussion gave emphasis to culture as a prime determinant in beverage use and also

afforded a chance to examine programs in Scandinavian countries.

Lolli's and Balboni's idea that drinking should be studied with relation to meals from a combined medical, social and psychological approach is refreshing. It has broad research implications beyond alcoholism. Omission of journalistic viewpoints on advertising and mass media, and those of a practicing politician concerned with legislation at the national level, leaves out important societal influences concerned with alcohol use and related research programs.

—William J. Newman

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Clinebell, Howard J., UNDERSTANDING AND COUNSELLING THE ALCOHOLIC THROUGH RELIGION AND PSYCHOLOGY. Abingdon Press, Nashville, Tenn. 1956. Pp. 252. Although written primarily for clergymen, here is a suitable guide for anyone who may be occasionally required to counsel and/or refer the alcoholic. In this carefully researched interesting book, Dr. Clinebell has effectively organized the available material on alcoholism from the point of view of a Methodist minister who is required to face this kind of problem in his daily work.

The sections follow a logical order, from a basic understanding of the problem through some of the approaches to it, and finally to concrete suggestions on how to handle the actual interview with the alcoholic or his family. The author is obviously well versed in the principles of psychology and of attitude. His approach to the problem is factual, objective and clearly expressed. He believes that the alcoholic is a sick person and should be treated as such, and does not fall into the common error of treating alcoholism as a moral problem.

—John H. Keating



# THE FOUNDATION ACTIVITIES

## TREATMENT

The treatment program basically remains the same with a consistently good workload in the past quarter. Lethbridge, Medicine Hat and Grande Prairie Centres have been closed. Referrals from these areas are being made to Calgary and Edmonton respectively. With the conclusion of the school year, there have been several changes in personnel: Mr. R. Ramsay has left The Foundation for further study in England on a Canada Council Grant. Mr. D. Wargo is completing his University studies this summer. Dr. Ian Buchanan joined the staff as Clinic Physician. Mr. J. Rideout has assumed a new position, to be known as Clinic Trainee. Mrs. Barbara Olsen has joined the counselling staff in the Calgary Clinic. Mr. R. Fredericks is returning to The Foundation in Calgary, after having completed further study at the University of British Columbia.

## EDUCATION

The Educational Services Department is currently engaged in taking an inventory of past activity and is planning its future endeavours. Concurrently, Education Department staff-training and development is continuing on both an internal and external basis. Bi-weekly sessions in teaching techniques have been initiated, and staff members are attending special Summer Schools and University Seminars in New Jersey, North Dakota, Ontario, Banff and Calgary. A successful two-day seminar was held in Calgary for various Community Services personnel from the Lethbridge-Medicine Hat area. With the assistance of Treatment staff, The Foundation is revising and strengthening its curriculum for student nurses from the University and Royal Alexandra Hospitals in Edmonton. Due in large measure to the splendid co-operation of Miss E. Markstad, Out-Patient Department Nursing Supervisor at the University Hospital, over two hundred nurses will now be instructed yearly in alcoholism diagnosis and treatment by Foundation staff.

## RESEARCH

A variety of research projects are currently getting under way in The Foundation's Research Department. These include studies of alcohol problems in certain northern communities, as seen from the perspective of community leadership structures; a look into the constellation of other problems which beset the person or family with an alcohol problem; a survey of college curricular offerings in alcoholism and allied addictions; an analysis of the economics of alcoholism; coronary attacks and alcoholism; liver functions and alcoholism; the social characteristics of Indian alcoholics, and other studies still to be formulated. With the guidance of Dr. Richard Laskin, this enterprising program is being carried out, in large part, by a number of senior and graduate University of Alberta students: Don James, Marvin Weisler, Stanley King, Peter Nash and James Quan (medicine); Mrs. Jean Veevers, Shelly Weisler and Christopher Sharplin (sociology); David Ross and William Reeves (economics and political science); and Robert McElman (education).

# OTHER FOUNDATION SERVICES

- **ADVISORY SERVICES:**

Professional advice and assistance on the problems of alcoholism

- **AUDIO-VISUAL AIDS:**

Films, tapes, records and displays are available on loan

- **CONFERENCES and SEMINARS:**

To create a better understanding of the problems of alcoholism and methods of dealing with those problems

- **INDUSTRIAL WORKSHOPS:**

For the education of management, supervisory staffs and general employees in Alberta industry

- **ORIENTATION PROGRAMS:**

For nurses, doctors, internes, penal officials, personnel managers, social workers, clergymen, teachers and other groups

- **PUBLICATIONS:**

Progress, Digest on Alcohol Studies and original brochures and pamphlets

- **REFERENCE LIBRARY:**

Books, pamphlets and publications by authorities in the field of alcoholism

- **SPEAKERS' BUREAU:**

For professional, industrial, church, social, school, civic and other groups requesting information

*The illustrations in Progress are by Harry Heine*



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